

**EMPLOYER RESPONSE-QUIT:**NOTE: THIS INFORMATION WILL BE USED TO DETERMINE CLAIMANT'S  
ELIGIBILITY AND MAY ALSO AFFECT YOUR CHARGEABILITY RATE

Claimant Name: PAYETTE LOCAL OFFICE IDAHO DEPT OF COMMERCE AND LABOR 501 N. 16 <sup>TH</sup> ST., STE 107 PAYETTE ID 83661  208-642-7150 (FAX)		SSN:  Employer Name, Address, Phone & Fax
<b>Paid or to be paid:</b>		
Gross earnings for the past 12 months \$	Severance: \$	On (date):
Vacation: \$	Bonus: \$	On (date):
Date vacation payment will be received:	Holiday: \$	On (date):
Supervisor's name:		Employer's phone#:
Start date of employment:	Last day worked:	Date notice was given:

**Please provide any documentation to support your position (ie: letter of resignation)**

1. What reason (s) did the claimant give for quitting or giving notice to quit?
2. If the claimant cited work-related reasons, describe the working conditions:
3. What alternatives were available to the claimant? (Leave of absence, transfer, grievance, etc.)
4. Describe any efforts the claimant made to resolve the problem and the outcome of those efforts:
5. If you do not agree with the claimant's statements, please state why:
6. Additional information:
Employer/Employer's Representative Signature: _____
Print Name: _____ Title: _____
Phone Number: _____ Date: _____